

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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BERTRAM P. BROWN, M.D., Director

## Weekly Bulletin



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GUY P. JONES  
EDITOR

## *Epidemic Encephalitis*

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Recent reports indicating an increase in the incidence of the equine type of encephalitis make it imperative that public health departments and physicians keep this disease in mind, particularly at this season of the year.

Encephalitis in humans due to the virus of equine encephalomyelitis is characterized by sudden onset, high fever, irritability or drowsiness, cyanosis, convulsions, muscle twitchings and tremors. In children, vomiting is common. Spasticity may be marked. There is definite nuchal rigidity and increased reflexes. Semi-comatose or comatose individuals may show loss of reflexes and flaccidity. The course is often fulminating. The highest fatalities occur within the third to fifth day. Recovery takes place with a drop in fever, and slow recovery with rigidity of the neck and spasticity often lasting several weeks. The spinal fluid is under pressure, total protein high, sugar normal or increased, with cell count varying from 100 to 2000 cells. Fluid examined early in the course of the disease usually contains polymorphonuclears while late in the disease mononuclears predominate.

Clinically, the disease must be differentiated from fulminating poliomyelitis and other forms of acute encephalitis. Often, the differential diagnosis must of necessity depend upon the laboratory, as clinically there may be much overlapping in symptomatology. Apparently young children are quite susceptible to

this form of disease and cases in children even less than one month of age are not unusual.

Owing to the fact that this form of encephalitis has been conclusively proven to be a virus disease, it is essential that the laboratory work be done in an institution equipped for making virus studies. The virus is present in the spinal fluid and brain, as well as in the blood, early in the course of the disease. Specific neutralizing antibodies appear in the blood, and this may be determined by means of neutralization tests. To be of most value, this test should be performed with blood taken early in the course of the disease and again during convalescence, comparing the results of the two tests. Brain tissue, the brain stem, and cervical cord obtained at post-mortem, should be kept refrigerated and it is essential that no preservative be added.

There is no specific treatment for cases other than general supportive measures. Spinal taps for relief of pressure often afford marked relief. It is needless to say that the patient should be kept in complete isolation.

While the etiology of the disease is understood, it is not definitely known how it is transmitted. The disease has been present in horses and mules in California, at least since 1930, and there is considerable evidence that mosquitoes may play a part in its transmission. Many species have been found experimentally capable of transmitting the virus. The sea-

sonal incidence in humans and horses together with the geographical distribution, tend to support the evidence that mosquitoes play an important role. For instance, the season of highest incidence is the summer and early fall—the time of highest mosquito occurrence. The cases occur mostly in rural districts and in areas where mosquitoes are prevalent. Very few cases have been reported from metropolitan areas.

Prevention, at the present time, should be directed toward prompt recognition of the case and isolation in mosquito proof rooms, universal screening of homes against mosquitoes, reduction in the mosquito population by the adoption of adequate mosquito control measures, and elimination of the disease in horses and mules. Vaccine has been developed for the immunization of horses against the disease, but at the present time such prophylaxis is not advocated for general use in human beings.

Miss B. F. Howitt, Hooper Foundation for Medical Research, University of California Medical School, San Francisco, is prepared to make virus studies on encephalitis cases providing the material is forwarded to her in desirable condition.

1. Spinal Fluid—in sterile tube or bottle, in mailing tube.
2. Blood—in sterile tubes, 10-12 cc. Whole blood with no preservative.
3. Postmortem material (Portions of brain, brain stem, and cervical cord. No preservative.). Kept on ice. Placed in sterile glass jar, tightly covered and surrounded either with sufficient dry ice or real ice to insure the specimens reaching the laboratory properly refrigerated. Ship by express.

It is important that all specimens reach the laboratory as soon as possible after collection, unless they are kept thoroughly refrigerated.

### **SAN LUIS OBISPO CLAMS QUARANTINED**

The Director of the State Department of Public Health, Dr. Bertram P. Brown, on July 23, 1940, issued a quarantine order supplemental to a mussel quarantine order of June 3, 1940, by which all clams from the ocean shore of San Luis Obispo County are placed under quarantine.

All health officers and food inspectors have been instructed to enforce the provisions of this quarantine, and to prohibit the taking, sale, or offering for sale, of both clams and mussels in the district specified. The quarantine order is effective until further notice, and the action is taken solely for the preservation of the public health.

### **LAW PROHIBITS COMMON DRINKING UTENSILS**

The California law pertaining to the sanitation of drinking cups is explicit. Section 3700 of the Health and Safety Code states that "no person conducting, having charge of, or control of any hotel, restaurant, saloon, soda fountain, store, theater, public hall, public or private school, church, hospital, club, office building, park, playground, laboratory or washroom, barber shop, railroad train, boat, or any other public place, building, room, or conveyance shall provide or expose for common use or permit to be so provided or exposed or allowed to be used in common any cup, glass or other receptacle used for drinking purposes."

The term "common use" when applied to a drinking receptacle is defined by the code as its "use for drinking purposes by or for more than one person without its being thoroughly cleansed and sterilized in boiling water or steam between consecutive uses." There is an exception, however, that the California State Department of Public Health may prescribe other acceptable methods of sterilization in place of the use of boiling water or steam.

The State Department of Public Health, however, has adopted a regulation that provides for the use of any alternative method of sterilization that might be bacteriologically effective. There are many chemical products that may be used in the sterilization of cups and glassware, none of which, however, is any more effective than soap and hot water or steam. Whatever method may be used in cleansing utensils, thorough drying before offering for use is of great importance.

The California State Department of Public Health is launching a campaign to secure the more efficient enforcement of sections 3700 to 3704 of the Health and Safety Code. Local health officers are requested to make careful inspections, particularly of soda fountains, bars, and restaurants, in order to determine that both cups and glassware are properly cleaned and sterilized between uses.

At this season of the year, when soda fountains and bars are enjoying a particularly active business, there is a strong temptation to offer cups and glassware to patrons without cleaning and sterilizing them between uses. No doubt, many cases of communicable diseases are contracted through failure of proprietors to comply with these provisions of the code.

Particular attention should be paid to places where children may be provided with unsterilized drinking utensils. Because of their relative lack of immunity to many of the common communicable diseases, it is

especially important that children be served only with clean utensils.

In so far as the California State Department of Public Health is concerned, it is perfectly agreeable that proprietors of eating and drinking places clean their utensils with soap and hot water, followed by rinsing in clear water and by thorough drying. There is no objection to the use of many chemical products now on the market, but the department desires to emphasize the fact that none of these are required by law. The use of hot water and soap is, without doubt, the cheapest method available at the present time. In many places where live steam is available, utensils may be thoroughly steamed and dried at even lower cost. Since steam can not always be obtained easily, however, the average dispenser of food and drinks must depend upon the use of hot water and soap.

Now is the time for action in cleaning up restaurants, soda fountains, saloons, and other places, where cups and glasses are used in quantities. The law provides sufficient authority for action, and health officers are requested to undertake its enforcement.

### INDUSTRIAL HYGIENE SERVICES

In his address before the Conference of State and Territorial Health Officers in Washington, D. C., last May, Dr. Thomas Parran, Surgeon General of the United States Public Health Service, called attention to the advances that have been made in promoting the health of adults through industrial hygiene services. He said that there have been established 39 industrial hygiene units in 29 states and 2 territories, but there are still 19 states or territories, many of which are highly industrialized, where no organized provisions that might be classified as industrial hygiene have been made to safeguard the health of workers. He advised the conference that organized labor is potentially a great source of support for the public health and urged that states where such services have not been provided take steps to safeguard the industrial health of workers.

In California, industrial hygiene services were established by the State Department of Public Health nearly two years ago, and a wide range of activities designed to protect the health of workers has been carried on continuously. These services safeguard not only drivers of motor vehicles, miners and workers on outdoor construction jobs, but also artisans employed in aircraft production factories, printing plants, and dozens of industries in which hazards to industrial health may be encountered.

### EXAMINATIONS FOR DENTAL SUPERVISORS ANNOUNCED

The State Personnel Board has announced examinations for Supervisor of Dental Services and for Supervising Dentist, to be held August 17, 1940, at Sacramento, San Francisco, Los Angeles, San Diego, Red Bluff, Fresno, and Eureka. The examinations are open to both men and women, and applications filed by mail must be postmarked not later than midnight of August 7, 1940. The examinations are for the purpose of establishing eligible lists from which to fill vacancies in the State Department of Public Health. Applicants must possess valid licenses to practice dentistry in California and must have graduated from a recognized dental school. Applicants for the examination for Supervisor of Dental Services must have four years of experience in a general practice of dentistry, including work on children of all ages, and applicants for the examination for Supervising Dentist must have three years of experience in the general licensed practice of dentistry, including one year of experience in children's dentistry including work on children of all ages.

Further information relative to the examinations and an outline of the duties of the positions and scope of examinations may be obtained from the State Personnel Board, 1025 P Street, Sacramento.

### A WARNING TO LOCAL REGISTRARS

The United States Bureau of the Census has issued a warning to state registrars of vital statistics that they will have to guard against a tendency to relax the safeguards protecting the machinery for delayed birth registration. To lower standards undermines the legal status not only of certificates subsequently issued, but of all certificates ever issued by that state. The bureau also states that registrars must guard against fraudulent affidavits submitted in an effort to obtain a delayed birth certificate. Because of the war abroad, it is possible that some individuals here might desire the protection of a citizenship to which they are not entitled. Vigilance is the price of accuracy.

In California, the law requires that a birth certificate be filed within four days after the date of such birth, and unless the certificate is filed within a year from the date of birth, it can not be accepted for filing, making it necessary to petition the superior court of the county in which the birth is alleged to have occurred for an order judicially establishing the fact of birth. This is an expensive procedure and involves loss of time and effort. Furthermore, the average expense for establishing fact of birth including court and attorney fees is about \$100.

## MORBIDITY

Complete Reports for Following Diseases for Week Ending  
July 13, 1940

## Chickenpox

187 cases: Alameda 2, Berkeley 5, Oakland 12, Crescent City, 3, Fresno County 1, Fresno 6, Kern County 1, Los Angeles County 13, Burbank 1, Glendale 6, Hermosa 1, Inglewood 3, Long Beach 1, Los Angeles 44, Monrovia 1, Pasadena 10, Whittier 1, Merced County 1, Merced 1, Monterey County 1, Orange County 2, Fullerton 2, Orange 1, Santa Ana 2, Seal Beach 3, La Habra 2, Laguna Beach 2, Elsinore 1, Riverside 4, Sacramento 1, San Bernardino County 5, Redlands 1, San Bernardino 1, San Diego County 1, San Diego 6, San Francisco 21, San Luis Obispo County 1, San Mateo 2, Menlo Park 1, Santa Barbara County 3, Santa Barbara 1, Palo Alto 1, San Jose 1, Sonoma County 2, Santa Rosa 1, Sutter County 1, Visalia 1, Santa Paula 1, Ventura 1, Yolo County 1.

## Diphtheria

18 cases: San Leandro 1, Imperial County 1, El Centro 1, Los Angeles County 2, Los Angeles 2, Riverside County 3, Riverside 2, San Bernardino 1, Colton 1, San Diego County 1, San Francisco 1, Redding 1, Sutter County 1.

## German Measles

22 cases: Del Norte County 2, Crescent City 4, Susanville 2, Los Angeles County 3, Los Angeles 2, Santa Ana 1, San Joaquin County 4, Stockton 2, Lompoc 1, Santa Paula 1.

## Influenza

5 cases: Los Angeles County 2, Los Angeles 2, Pasadena 1.

## Malaria

12 cases: Butte County 2, Hanford 1, Los Angeles 2, Sacramento County 2, San Bernardino County 1, Tulare 1, Yuba County 2, California 1.\*

## Measles

137 cases: Oakland 1, Pittsburg 1, Fresno County 5, Fresno 3, Delano 1, Lassen County 2, Los Angeles County 4, Burbank 1, Glendora 1, Long Beach 6, Los Angeles 7, Pomona 2, Santa Monica 1, South Pasadena 1, Hawthorne 1, Madera 1, Merced County 1, Merced 1, Monterey County 1, Carmel 1, Anaheim 1, Santa Ana 1, Corona 3, Sacramento 1, San Diego County 5, Oceanside 14, San Diego 23, San Francisco 3, San Joaquin County 2, Stockton 1, San Luis Obispo County 2, San Luis Obispo 12, San Mateo County 1, Santa Barbara County 4, Santa Barbara 16, Santa Rosa 1, Sutter County 1, Ventura 1, Yolo County 1, California 2.\*

## Mumps

139 cases: Berkeley 2, Oakland 2, Fresno County 1, Fresno 1, Kern County 4, Lake County 1, Los Angeles County 19, Burbank 4, Glendale 1, Long Beach 17, Los Angeles 21, Pasadena 2, San Fernando 1, San Marino 1, Whittier 1, Orange County 1, Fullerton 7, Orange 1, La Habra 1, Corona 6, Sacramento 1, San Diego 4, San Francisco 13, San Joaquin County 3, Manteca 1, Stockton 7, Paso Robles 1, San Mateo County 2, Redwood City 3, Santa Barbara County 1, Santa Maria 1, Palo Alto 6, Tulare County 1, Visalia 1.

## Pneumonia (Lobar)

28 cases: Berkeley 1, Los Angeles County 4, Glendora 1, Long Beach 1, Los Angeles 7, Pomona 1, San Gabriel 1, Gardena 1, Monterey 1, Riverside County 1, Sacramento 5, San Diego 1, San Francisco 2, Ventura County 1.

## Scarlet Fever

57 cases: Berkeley 1, Humboldt County 1, Kern County 2, Hanford 1, Los Angeles County 17, Burbank 1, Inglewood 1, Long Beach 1, Los Angeles 10, Pasadena 1, Redondo 1, Hawthorne 1, South Gate 1, Merced County 1, Soledad 1, Napa County 1, Orange County 1, Corona 1, San Jacinto 1, San Bernardino County 1, Redlands 1, San Diego 3, San Francisco 1, Lompoc 1, Santa Clara County 1, Watsonville 1, Vallejo 1, Visalia 1, Yolo County 1.

## Smallpox

One case: Butte County.

## Typhoid Fever

5 cases: Merced County 1, Riverside County 1, San Francisco 1, San Joaquin County 1, Solano County 1.

## Whooping Cough

271 cases: Alameda County 1, Albany 3, Berkeley 1, Oakland 14, San Leandro 2, Fresno County 5, Fresno 1, Sanger 1, Kern County 4, Hanford 5, Lemoore 2, Lake County 1, Susanville 2, Los Angeles County 26, Claremont 1, El Monte 4, Glendale 1, Long Beach 3, Los Angeles 40, Pasadena 5, Pomona 2, San Fernando 7, San Gabriel 3, Whittier 2, Torrance 2, South Gate 2, Monterey Park 1, Merced 1, Monterey County 8, Monterey 1, Orange County 4, Anaheim 1, Newport Beach 1, Laguna Beach 2, Lincoln 1, Beaumont 3, Corona 1, Indio 2, Sacramento 12,

San Bernardino 3, San Diego County 3, Coronado 3, Escondido 2, San Diego 3, San Francisco 18, San Joaquin County 5, Manteca 2, Stockton 7, San Luis Obispo County 11, San Luis Obispo 1, San Mateo County 1, San Mateo 3, Menlo Park 2, Santa Barbara County 6, Lompoc 3, Santa Barbara 1, Los Gatos 1, Mountain View 1, Palo Alto 4, San Jose 1, Santa Clara 1, Watsonville 5, Ventura County 4, Ojai 2.

## Meningitis (Epidemic)

2 cases: Oakland 1, Merced County 1.

## Dysentery (Amoebic)

5 cases: Fresno County 1, Bakersfield 1, Pomona 1, Ontario 1, Yuba County 1.

## Dysentery (Bacillary)

19 cases: Los Angeles County 5, Los Angeles 2, San Fernando 1, Orange County 1, Sonoma County 10.

## Ophthalmia Neonatorum

One case: Sonoma County.

## Pellagra

2 cases: Sacramento 1, San Francisco 1.

## Poliomyelitis

29 cases: Fresno County 1, Kern County 11, Bakersfield 2, Susanville 1, Los Angeles County 3, Long Beach 1, Los Angeles 4, Montebello 1, Orange County 1, Corona 1, San Bernardino 1, San Joaquin County 1, California 1.\*

## Encephalitis (Epidemic)

10 cases: Fresno County 3, Selma 1, Tulare County 6.

## Trichinosis

2 cases: Oakland 1, Arcata 1.

## Jaundice (Epidemic)

3 cases: Lassen County 1, Shasta County 2.

## Undulant Fever

8 cases: Berkeley 1, Bakersfield 1, Monrovia 1, Pasadena 1, Sacramento 1, Ontario 2, San Francisco 1.

## Coccidioidal Granuloma

2 cases: Los Angeles 1, San Luis Obispo County 1.

## Septic Sore Throat

One case: Berkeley.

## Relapsing Fever

One case: El Dorado County.

## Epilepsy

49 cases: Oakland 3, Los Angeles County 5, Covina 1, Hermosa 1, Long Beach 1, Los Angeles 18, Pomona 1, Salinas 1, Napa County 1, San Bernardino County 2, San Francisco 9, Vallejo 2, Sonoma County 2, Petaluma 1, Santa Rosa 1.

## Rabies (Animal)

One case: San Mateo County.

\* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

## MALARIA SURVEY COMPLETED

In 1939 a survey was made in Yolo and Yuba County migratory camps. A total of 541 persons submitted blood smears. The examination of these smears is a time-consuming, detailed task and has just been completed. Six positives were found in the group; 519 were negative, and 16 smears were faulty and could not be examined. Five of the six positives came from a migratory camp.